

DEPARTMENT OF HEALTH & HUMAN SERVICES**Health Care Financing Administration**

**Region VIII
1600 Broadway
Suite 700
Denver, CO 80202**

September 20, 1999

File Code WA-2(UT0292.90);EP

Mr. Michael Deily, Director
Division of Health Care Financing
Department of Health
288 North 1460 West
Salt Lake City, Utah 84114-3108

Dear Mr. Deily:

This is to inform you that your request to renew your home and community-based services waiver for the Acquired Brain Injury program, as authorized under Section 1915(c) of the Social Security Act, has been approved. These individuals would otherwise require the level of care provided in a ICF/MR. This waiver renewal has been assigned control number 0292.90, which should be used in all future correspondence regarding this program.

Your waiver renewal service package will consist of the following services: case management, homemaker, respite, habilitation, supported employment, specialized medical equipment and supplies, personal emergency response system, companion, family training, transportation, structured day programming, community supported living, and counseling.

Based on the assurances you provided, the renewal request has been approved for a 5-year period, effective July 1, 1999. The estimates of utilization and cost of waiver services have been approved as follows:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
1	39	\$26,168
2	49	\$26,356
3	59	\$26,902
4	69	\$27,443
5	79	\$28,019

The waiver renewal request conforms fully to the requirements of the statute and Medicaid regulations.

We appreciate the effort and cooperation provided by you and your staff. If we can be of further

assistance, please contact Eunice Perez at (303) 844-7036.

Sincerely yours,

/s/

MARY KAY SMITH
Regional Administrator

cc: RueDell Sudweeks